

STATE OF NEVADA CONTROLLER'S OFFICE ADVANTAGE USER ESTABLISHMENT FORM

EXAMPLE

SECTION A										
Last Name (Type or print legibly.) Worthington			First Name Dwight		ИI G .	Date 2-03-01				
Title Agency Number & Name			me	S	Supervisor	I				
Accountant II		740 - Business & Industry			Anna Northridge					
SECTION B										
Add Change										
Select one User Profile from Appendix A.										
User Profile	Agency Number Note: Agency number(s) must be entered.									
SAGACCT4	For single agency coding: 740									
	For multiple agency coding: , , , , , .									
not been previously presented or paid, that authorized funds should be available for payment and to the best of my knowledge and belief is a legal and proper claim against the State of Nevada. I further certify that if this voucher is a payment in compliance with a contract, it is in full conformance with the contract and that the Attorney General or his deputy has approved the contract. This User ID and password are equivalent to your signature. Do not share your User ID and password with anyone. I promise to preserve the secrecy of my password and the security of the Integrated Financial System. I will never allow any person to use my sign-on and password to process documents.										
Signature	any person to use my	y sign-on and passwo	ra to process documer	Date	Phone N	Jumher				
Signature	Dwight G. \	Worthington		2-03-01		84-8888				
Mother's maiden name Tiddings	or other word or phrase	e that will identify you	u for changes in your	password.						
	If you forget your	password, contact t	he system administra	ator in the Contro	ller's Offic	ce.				
SECTION C	, ,	•								
Signature Authorization	on:									
The agency is responsib	ole for every transaction	approved by this Use	er ID.							
I delegate to the above i by agency.	ndividual the authority	to approve the indica	ited transactions if ent	ered by another. U	se of the U	ser Id assigned is approved				
Signature and Name of Agency Head Mary Beth Lane Mary Beth Lane			2	Date 2-05-01	Phone Number 775/684-999					
SECTION D										
CONTROLLER'S US	E									
USER ID		Date		Security (SYS ADM)						
Comments		1		UNIX Sign-on (DP OPTR)						
Please submit the completed form to the system administrator in the Controller's Office.						Rev. 2-05-01				



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EXAMPLE

SECTION A											
Last Name (Type or print legibly.) Worthington			First Name Dwight	M G		Date 2-03-01					
			gency Number & Name 40 - Business & Industry		Supervisor Anna Northridge						
SECTION B											
Select one User Profile from Appendix A.											
User Profile Agency Number Note: Agency number(s) must be entered.											
	For single agency coding:										
MAGACCT2	For multiple agency coding: 740 , 741 , 742 , 743 , 744 , 745 .										
CERTIFICATION	I hereby certify that when I electronically approve vouchers for payment that the voucher is mathematically correct, has not been previously presented or paid, that authorized funds should be available for payment and to the best of my knowledge and belief is a legal and proper claim against the State of Nevada. I further certify that if this voucher is a payment in compliance with a contract, it is in full conformance with the contract and that the Attorney General or his deputy has approved the contract. This User ID and password are equivalent to your signature. Do not share your User ID and password with anyone. I promise to preserve the secrecy of my password and the security of the Integrated Financial System. I will never allow any person to use my sign-on and password to process documents.										
Signature Dwigh		sea to provide dovument	Date 02-03-01	Phone Number 775/684-8888							
Mother's maiden name or Tiddings	other word or phr	ase that will identify yo	ou for changes in your p	oassword.							
	If you forget yo	our password, contact	the system administra	itor in the Control	ler's Office						
SECTION C											
Signature Authorization	:										
The agency is responsible for every transaction approved by this User ID.											
I delegate to the above inc by agency.	lividual the author	ity to approve the indic	ated transactions if ento	ered by another. Us	se of the Use	er Id assigned is approved					
Signature and Name of A Mary Beth La	Mary Beth Lan	Date 2-05-01	Phone Nu 775/68								
SECTION D											
CONTROLLER'S USE											
USER ID		Date		Security (SYS ADM)							
Comments				UNIX Sign-on (DP OPTR)							